



Akwesasne Housing Authority/Saint Regis Mohawk Tribe

Emergency Rental Assistance
Application



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INFORMATION

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INCOMPLETE APPLICATION PACKETS WILL NOT
BE ACCEPTED!

ANY QUESTIONS PLEASE CALL 518.358.9020



AHA/SRMT EMERGENCY RENTAL ASSISTANCE



The Akwesasne Housing Authority ("AHA")/Saint Regis Mohawk Tribe ("SRMT") have partnered to administer the Emergency Rental Assistance program ("ERA"). The ERA program will assist households that have been negatively impacted by the COVID-19 pandemic with rental housing and rental utility payments. Eligible households may use this program to pay arrears on rent and utility charges, conditions do apply.

What type of assistance will be available?

- Current rent payments;
- Current utility payments, such as; water, sewer, heating fuel, and electricity;
- Rental and utility arrears from March 13, 2020 to date;
- Rental housing related costs as determined by the AHA that can be attributed to COVID-19;

Who is eligible?

The ERA Program is for eligible households who are renting housing units (excluding homebuyers and homeowners) and that have incomes less than 80% of Area Median Income who meet the following conditions:

- Individual(s) in the household have qualified for unemployment benefits or has experienced a reduction in household income, incurred significant costs, or has experienced other financial hardship directly or indirectly due to the COVID-19 pandemic; and/or
- Individual(s) in the household can demonstrate a risk of experiencing homelessness or housing instability evidenced by a past due utility or eviction notice.
- Eligible households within the SRMT designated Tribal area (within 15-mile radius).

How long is the assistance available?

Eligible households may receive up to 12 months of assistance, plus an additional 3 months if the extra months are needed to ensure housing stability and if funds are available.

What documents will a household be required to show as proof of eligibility?

Eligible households will need the following documents;

- Fully completed ERA application,
- Identification (State ID or a passport)
 - Proof of current address of rental unit such as a utility bill or fuel bill,
 - SRMT Tribal Identification, required.
- Proof of income documents:
 - A copy of your 2020 IRS form 1040 (first two pages only); or
 - Pay stubs, benefit statements (unemployment, social security, etc.), for most recent twelve (12) months for all income sources.

This project is being supported, in whole or in part, by federal award number ERA0641 to Akwesasne Housing Authority by the U.S. Department of Treasury.

- If self-employed, applicant must have a notarized letter outlining type of work performed and income earned in the last two months.
- One of the following to document the 'COVID-19 hardship':
 - Unemployment Monetary Determination letter, or
 - Pay stubs or a letter from your employer showing a decrease in income, or
 - Copies of medical bills, childcare expenses, or other significant cost the household incurred during COVID-19, or
 - Other documentation demonstrating financial hardship during COVID-19.
- Copies of a past due rent notice or past due utility bills.
- Copy of your lease (if a written lease was completed).
- If applying for utility assistance:
 - Clear copies of your most recent utility bills showing the amount owed, the utility provider and account number. Utility bills must be in applicant's name to be eligible.

What documents will the landlord need to provide?

Landlords will need to provide:

- Copy of the lease/renter's agreement (if a written lease was completed),
- Ledger (or equivalent documentation) showing tenant's payment history in 2020 and 2021,
- IRS form W-9, required.

Who is NOT eligible?

- Renter households that have incomes above 80% of Area Median Income.
- Renter households that cannot show a 'COVID-19 hardship' (outlined above) or risk of homelessness or housing instability.
- Renter households that receive a monthly federal subsidy (e.g., Housing Choice Voucher, Public Housing, Project Based Section 8) where the tenant's rent is adjusted according to changes in income may not receive ERA assistance.
- Homeowner's or homebuyer's (Mortgagor). This includes AHA's Mutual Help and Occupancy Agreement (MHOA) and NAHASDA Homeowner's and homebuyer's
- Renter households that are receiving any other type of housing costs assistance from any other tribal, state, or federal sources.

Can I get help with my utilities?

Yes, eligible households for the ERA, can receive utility assistance for electricity, home heating (any type of fuel), water, and sewer.

I have fallen behind on my rent, what can I do now until the program starts?

Talk to your landlord and let them know you intend to apply for ERA. Also, start looking at the documentation requirements and make a plan for collecting them once the application process starts.

Make an appointment today by calling Viktoria White, Housing Services Advocate at (518)358-9020, Ext. # 112.

Niawen/Thank you

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SECTION 1: REQUEST FOR HOUSING ASSISTANCE

ASSISTANCE DESIRED

Applicant Name: _____ **Co-Applicant Name:** _____

Indicate type of housing assistance you are requesting (Check all that apply):

☐ SA Elderly ☐ Senior SH ☐ Veterans SH ☐ Rental Assistance (TAP) ☐ Emergency Rental Assistance ☐ VA ☐ Section 184 ☐ USDA ☐ H.B ☐ Solar

What is your family's current housing situation? ☐ OWN ☐ RENT ☐ LIVE W/ FAMILY ☐ MH ☐ Other

Have you ever been an AHA participant? ☐ YES ☐ NO **What County do you live in?** _____

SIGNATURE CLAUSE

I understand that the AHA is relying on this information to verify my household's eligibility for AHA housing assistance programs. I certify that all information and answers to the questions contained in this application are true and complete to the best of my knowledge. I authorize consent to have the AHA verify the information contained in this application for purpose of proving my eligibility for occupancy and/or any other housing assistance provided by the AHA. I will provide all necessary information including source(s) of all types of income, names, addresses, phone numbers, and account numbers where applicable and any other information required for expediting the application process. I hereby authorize and instruct the AHA to obtain and review my credit report for prequalifying purposes. I consent to the release of information needed to determine my eligibility, including minors who will reside in the home, for an AHA Program that best fits my needs and circumstances.

I understand that providing false information or making false statements is grounds for denial of my application. I also understand that such action may result in criminal penalties.

My signature below also authorizes the release of account information from and to other financial institutions that I have supplied to the AHA in connection with such evaluation. In other words, I understand that the processing of this application may require providing my information to an agency as well as an agency providing personal information to the AHA. I understand that acceptance for occupancy is contingent on all occupants meeting AHA's resident selection criteria and the applicable program requirements and policies as they now exist or as they may hereafter be amended.

Applicant Signature _____ **Date** _____ **Co-Applicant** _____ **Date** _____

All additional ADULT household members (18 years plus) must sign below indicating consent for the release of information as described above:

Signature _____ Date _____

Signature _____ Date _____

Signature _____ Date _____

Housing Services Signature _____ Date _____

SECTION 2: INTAKE INFORMATION

Summary of Personal, Employment, & Financial Information

Applicant				Co-Applicant			
Tribal Affiliation:			Tribal Enrollment #:	Tribal Affiliation:			Tribal Enrollment #:
DOB:	Social Security #:		Marital Status:	DOB:	Social Security #:		Marital Status:
Physical Address:				Physical Address:			
Mailing Address:				Mailing Address:			
E-mail Address:				Email Address:			
Length:				Length:			
Home Phone		Work Phone		Home Phone		Work Phone	
		Cell Phone				Cell Phone	
Previous Address (if less than 2 years)				Previous Address (if less than 2 years)			
CURRENT EMPLOYMENT INFORMATION							
Current Employer/Address:			Length:	Current Employer/Address:			Length:
Position/Title			Full-time Part-time	Position/Title			Full-time Part-time
Gross Monthly Income			Net Mo. Income	Gross Monthly Income			Net Mo. Income
IF EMPLOYED WITH CURRENT EMPLOYERS LESS THAN 2 YRS. COMPLETE THE FOLLOWING SECTION:							
Previous Employer:			Position/Title:		Length:		Annual Income:
Address:							

SECTION 3: APPLICANT QUESTIONNAIRE

Head of Household Information: Check box that apply

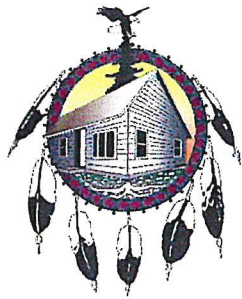
Gender: Female ☐ Male ☐

Ethnicity: Hispanic or Latino ☐ Not Hispanic or Latino ☐

Race: American Indian or Alaska Native ☐ Native Hawaiian or Pacific Islander ☐ White ☐ Black or African American ☐ Asian ☐

List all household members that are applying to live in this home with you and provide Social Security Cards and Tribal ID.

Name First, Middle Initial, Last	Relationship To Head of Household	M/F	Social Security #	Tribal Affiliation	Tribal Enrollment#	DOB



AKWESASNE HOUSING AUTHORITY

378 State Route 37 Suite A ♦ Akwesasne NY 13655

(518)358-9020

(518)358-2348

AHA/SRMT EMERGENCY RENTAL ASSISTANCE Tenant/Household Member Employment Attestation

Instructions: This form must be completed by each adult member in the household who has lost income or employment due to COVID-19 and are unable to provide paystubs, W2s, an employer letter, or any other written documentation of income.

Please note: if you need assistance with filling out this document, please call (518)358-9020.

Date: _____

My name is _____ and I reside at
_____ (address).

Prior to the COVID-19 pandemic, I was employed as a:

_____ (job you performed).

I earned _____ (\$ amount of income)

every _____ (frequency of earnings: week, bi-weekly, monthly or per day)

before taxes were taken out, if any.

Currently, I am employed as a: _____ (job you
perform, or write "unemployed" if you have lost your job).

I earn _____ (\$ amount of income)
every _____ (frequency of earnings: week, bi-weekly, monthly or per day)
before taxes are taken out, if any.

Certification:

I hereby certify under penalties provided by law that I currently reside at the address I provided and that the information provided is true and complete. I understand and agree that if I fail to disclose all income from household members, I may be held responsible to repay the U.S. Treasury the full amount of any benefits received improperly, plus any interest charges.

Tenant/Household Member

Date

Notarization:

This document is required to be notarized ONLY if you are claiming to be self-employed.

Notary (must be different from user) Seal, Signature, and Date Notarized (mm/dd/yyyy)

A COPY OF THIS AUTHORIZATION MAY BE ACCEPTED AS AN ORIGINAL.



AKWESASNE HOUSING AUTHORITY

378 State Route 37 Suite A ♦ Akwesasne NY 13655

(518)358-9020

(518)358-2348

AHA/SRMT EMERGENCY RENTAL ASSISTANCE Release of Information

Emergency Rental Assistance Program: Tenant/Household Member Employment

I, _____, have applied for Emergency Rental Assistance (“ERA”) from the Akwesasne Housing Authority (“AHA”) and, as part of the application process, AHA must verify the information contained in my application to determine my eligibility.

I AUTHORIZE THE RECIPIENT OF THIS DOCUMENT TO PROVIDE TO AHA THE FOLLOWING APPLICABLE INFORMATION:

- | | |
|-------------------------|----------------------|
| ✓ Record of employment | ✓ Tribal status |
| ✓ Income records | ✓ Rental assistance |
| ✓ Unemployment benefits | ✓ Fuel assistance |
| ✓ Landlord reference | ✓ Utility assistance |

AHA will verify with Saint Regis Mohawk Tribe (“SRMT” or “Tribe”) that the applicant is not receiving any assistance from any other tribal program to cover rent, utilities, or other housing costs covered by this program. The information received by this request can only be used in the processing of my request for assistance form the ERA program.

**COMPLETE IN THE PRESENCE OF A
NOTARY**

Printed Name

Date

Signature (Notarized)

Notary (must be different from user) Seal,
Signature, and Date Notarized (mm/dd/yyyy)

A COPY OF THIS AUTHORIZATION MAY BE ACCEPTED AS AN ORIGINAL.



AKWESASNE HOUSING AUTHORITY

378 STATE ROUTE 37, SUITE A • HOGANSBURG, NEW YORK 13655

Telephone: (518) 358-9020

Fax: Administration (518) 358-2958 B&PD/Procurement (518) 358-9151

AHA/SRMT **Emergency Rental Assistance** **REQUEST FOR UNIT APPROVAL**

TENANT NAME & APPLICATION NO.	LANDLORD NAME	NO. OF BEDROOMS
UNIT NO. AND ADDRESS		LANDLORDS ADDRESS AND TELEPHONE NUMBER

INSTRUCTIONS:

This form should be completed by the Tenant and the Landlord to request the Akwesasne Housing Authority's approval of the unit for which the Tenant has elected to receive rent subsidy.

Landlord: Please read the sample Lease Addendum and information about minimum housing standards provided in the Tenant's Rental Packet.

Tenant: With the Landlord, fill out this form completely and return it to:

Akwesasne Housing Authority
 378 State Route 37, Suite A
 Hogansburg, New York 13655

Do not sign a lease until the AHA has inspected and approved the unit.

(1) Type of Unit: ☐ Single Family ☐ Semi detached/Row House ☐ Garden/Walk up
 ☐ Elevator/High Rise ☐ Mobile Home Date Constructed: _____

(2) Most recent rent charged: _____

Were the same utilities/appliances included in the rent: ☐ Yes ☐ No

(3) Utility and Appliances	Provided by Owner	Provided by Tenant
Heating (fuel type: _____)	<input type="checkbox"/>	<input type="checkbox"/>
Cooking (fuel type: _____)	<input type="checkbox"/>	<input type="checkbox"/>
Electric	<input type="checkbox"/>	<input type="checkbox"/>
Hot Water (fuel type: _____)	<input type="checkbox"/>	<input type="checkbox"/>
Water	<input type="checkbox"/>	<input type="checkbox"/>
Refrigerator	<input type="checkbox"/>	<input type="checkbox"/>

Range
Trash Collection

☐☐☐☐

OWNER CERTIFICATION: By executing this request, the owner agrees that the required Lease Addendum is acceptable and certifies that: (1) the information provided on the form is accurate and true; (2) the proposed unit is not assisted or covered by any other federally funded rental subsidy contract; (3) the unit currently meets minimum quality standards (or will be brought to these standards before the Rental Assistance Contract is executed; and (4) this unit is made available, managed, and operated regardless of race, color, creed, religion, sex, national origin, handicap, or familial status.

Tenant Name (Type or Print):	Landlord Name (Type or Print):
(Signature/Date)	Signature/Date

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

Print or type
See Specific Instructions on page 2.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
2 Business name/disregarded entity name, if different from above	
3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
5 Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
6 City, state, and ZIP code	
7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number								
				-				
or								
Employer identification number								
				-				

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

LANDLORD PHONE #